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DATE MOVEMBER 94, 2093
Mad John J
SIGNATURE
Mark Hodgins
NAME (Please print clearly)

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

860.485.4848 PHONE NUMBER

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DATE: 11/25/13	
SIGNATURE GROWN	2725 county pt 26 MAILING ADDRESS
Stuart Krause	Climins N.Y. 12042
NAME (Please print clearly)	CITY, STATE, ZIP
6360	518610 2682
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: 11-26-13	
Jamey Coste	188 ROUNDS AVE
SIGNATURE	MAILING ADDRESS
JAMEY COSTA	PROVIDENCE, RI 02907
NAME (Please print clearly)	CITY, STATE, ZIP
3759	401-658-6365
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: November 28 2013	
Jan Barlasti SIGNATURE	7 Saint Thomas ST. MAILING ADDRESS
NAME (Please print clearly)	Enfield CT. 06085 CITY, STATE, ZIP
2464 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	(860) 709 - 2131 PHONE NUMBER

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DATE: 11/27/13	
regne Doblin	6 NEW Braintree Rd MAILING ADDRESS
Régina Dobbins	West Brook field Ma
NAME (Please print clearly) 9596	CITY, STATE, ZIP 508 8676842
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: 11 26/2013	
Lisa am Cenderson	20 Hickory Lane MAILING ADDRESS
Lisa Ann Anderson	Levittown, NY 11756
NAME (Please print clearly)	CITY, STATE, ZIP (CYC) $C = C = C = C = C$
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: //- 21-13	
Erica Dahr SIGNATURE	30 Carriage Path North
Erica Dahr	Milford CT. 06460 CITY, STATE, ZIP
NAME (Please print clearly)	203-809-35010
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: 11/20/2013	
Michael C. Coff	Zevo chunh street
Michael C. Coolièce	Methuer, Mass. 01849
NAME (Please print clearly) 00/8	1-508-579-7291
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE:/ // 23 · 13	
Kim nicholas - allen	63ESSEX ST.
SIGNATURE	MAILING ADDRESS
Kim Nicholas- Allen	WEST BABYLON, NY
NAME (Please print clearly)	CITY, STATE, ZIP
8195	631. 353.5454
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: NOVEMBER 29, 2013	(new address)
Lieband Aucyer	741 WOODRUFF RD #2338
SIGNATURE	MAILING ADDRESS
RICHARD CRUCIGER	GREENVILLE, SC 29607
NAME (Please print clearly)	CITY, STATE, ZIP
2464	(864) 905-1287
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PĤONE NÚMBER

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DATE: 11/27/13	
Finall & Bitter III SIGNATURE	46 Pineclest Village MAILING ADDRESS
Russell G. Potter III NAME (Please print clearly)	Hopkinton, MA 01748 CITY, STATE, ZIP
5485 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	508-344-5231 PHONE NUMBER

If you want to participate in the settlement of this lawsuit, you must fill out and return this Notice of Consent form no later than <u>December 5, 2013</u>. The completed form should be returned by first class mail to the Settlement Class Members' attorney at the below address. For your convenience, a return envelope, postage pre-paid, has been enclosed with this Notice of Consent.

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DATE: 100 22 2013	
Michael Shurin	2 Edgement Ave MAILING ADDRESS
SIGNATÚRE	MAILING ADDRESS
Richard Skwirz	Cumberland RI 02864
NAME (Please print clearly)	CITY, STATE, ZIP
2516	401-727-0211
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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1

SIGNATURE

NAME (Please print clearly)

7638

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

50 AL'S Avenue

HIENSTOL CITY, STATE, ZIP

603 365 9323

PHONE NUMBER

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DATE: 11/15/13	
SIGNATURE	433 MARTIN WARD RA
NAME (Please print clearly)	Tunel Hill GA 30755 CITY, STATE, ZIP
S512 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	43 - 240 - 2462 PHONE NUMBER

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DATE: 1/ /28/ 2013	
Diani & Brunell	21 BROWN RD.
SIGNATURE	MAILING ADDRESS
DIANE E. BRUNELL	OXFORD MA 01540
NAME (Please print clearly)	CITY, STATE, ZIP
4245	508-9875120
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: November 30, 2013	Janneki Jikview Ave. Arbury, CT 0670
SIGNATURE	45 Brookview Ave MAILING ADDRESS
Samantha Janne Ke	Waterbury, et acrob
NAME (Please print clearly)	CITY, STATE, ZIP
6418	203 592 3847
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: 11/25/13	
OR CIL	47 N Central Park Auc # 15
SIGNATURE X	MAILING ADDRESS
(John CHenry	HArtidale NT 10530
NAME (Please print clearly)	CITY, STATE, ZIP
7510	914-882-3807
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: 11/04/13	
Judith Or Keifer SIGNATURE	MAILING ADDRESS
NAME (Please print clearly)	Dride NA 08734 CITY, STATE, 2019
1534 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	730-779-1550 PHONE NUMBER

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DATE:	
Kort South	112-11 225 5+
SIGNATURE	MAILING ADDRESS
Koff N Smith	Queen's Village NY 11429
NAME (Please print clearly)	CITY, STATE, ZIP
5326	646-245-0068
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: Dec 1,2013	<i>3</i> 001
Mich Grens	3001 St. Rt. 42 MAILING ADDRESS
Nicole Greeno NAME (Please print clearly)	Forestburgn, NY 12777 CITY, STATE, ZIP
6138 LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	(845)707-3626 PHONE NUMBER

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DATE: 12-03-13	
William Boluleach	303A HIGH ST
SIGNATURE	MAILING ADDRESS
WILLIAM BOHMBACH	HANSON MA 02341
NAME (Please print clearly)	CITY, STATE, ZIP
9408	781-588-3246
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: DEC 3,2012	
SIGNATURE SIGNATURE	MAILING ADDRESS
NAME (Please print clearly)	CITY, STATE, ZIP
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	<u>5583734675</u> PHONE NUMBER

If you want to participate in the settlement of this lawsuit, you must fill out and return this Notice of Consent form no later than <u>December 5, 2013</u>. The completed form should be returned by first class mail to the Settlement Class Members' attorney at the below address. For your convenience, a return envelope, postage pre-paid, has been enclosed with this Notice of Consent.

NOTICE OF CONSENT

I hereby give my consent to be a party plaintiff in this case and agree to be bound by the settlement approved by the Court in this action. By signing this Notice of Consent, I also agree to release Imperial Distributors, Inc. and the other Releasees, as described in Paragraph 12 of the Settlement Agreement (available through the U.S. District Court for the Eastern District of Tennessee on-line PACER service and the Settlement Class Members' attorneys), from all claims for unpaid wages, unpaid overtime, compensatory or punitive damages, liquidated damages, costs, attorneys' fees, and any other relief under the Fair Labor Standards Act (the "FLSA") and any applicable state laws regarding wages and overtime. This written Notice of Consent is intended to serve as my consent in writing to join in this lawsuit and become a party plaintiff as required by 29 U.S.C. § 216(b).

DATE: 11-31-13	
May Doin con	3330 BOYDSTON Ref.
MARY BOWINAN NAME (Please print clearly)	Chatte TN 314/9 CITY, STATE, ZIP
NAME (Mease print clearly) 4764	413-508-8474
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER

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DATE: 10-26-2013	
Doris Rence Graves SIGNATURE	838 Beaumont Rd., Rock Spring, Sa MAILING ADDRESS 30739
Doris Renée Graves	
NAME (Please print clearly)	CITY, STATE, ZIP
7768	423-596-3049
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	PHONE NUMBER .

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R. Scott Jackson, Jr. Attorney at Law 4525 Harding Road, Suite 200 Nashville, TN 37205 615-313-8188

I Imperial mistrepresented themselves in the exterview. They lead us to believe that full time was 40hrs. Hever said Anything about being on Salary until after was already on the job. Supervisor insuted on me to ginesh ajob even if 10:00 pm or later. Worked 50 plus hours aweek.

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